

UNITED STATES DISTRICT COURT

District of _____

T. Rowe Price Tax-Free High
Yield Fund, Inc., et al.

SUMMONS IN A CIVIL CASE

V.

Karen M. Sughrue, et al.

CASE NUMBER:

04-11667 RGS

TO: (Name and address of Defendant)

Susan K. Turben
8966 Booth Road
Mentor, OH 44060

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Thomas G. Hoffman, Esq.
Greene & Hoffman, P.C.
125 Summer Street, Suite 1410
Boston, MA 02110

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TOM ANASTAS


CLERK

[Signature]

(By) DEPUTY CLERK

DATE

FEB 27 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mail piece, or on the front if space permits.</p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SUSAN TURBEN</p> <p>C. Date of Delivery SEP 23 2001</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Susan K. Turben 8966 Booth Road Mentor, OH 44060</p>	<p>3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p>	<p>7002 2030 0002 9087 2020</p>
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